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HUNTSVILLE,	AL 35801	\Z	. <i>\$</i> / [(Depositor's name)	
•		STATE TA	AREALEST			·	(Signature)	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO)R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
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09/779,456	02/09/2001	VCHANCE AND DREE	Richard L. Franklin	10 4 710 1 6140761		C066-74534	6701	
TITLE OF INVENTION	ENHANCED DATA E	ACHANGE AND PRES	ENTATION/COMMUN	ICATION SYSTEM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO YES	\$1400 \$ 700	\$300	\$0		\$1700 \$ jooo	09/04/2007	
EXAMINER ART UNIT			CLASS-SUBCLASS			# 1000		
WANG, LL	ANGCHE	2155	709-231000					
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CFR 1.363). Change of corresponded from PTO/SB	ondence address (or Cha 1/122) attached.	nge of Correspondence	(1) the names of up or agents OR, alterna	tively,				
"Fee Address" indi	cation (or "Fee Address' 2 or more recent) attach	'Indication form	(2) the name of a sin registered attorney o 2 registered patent at listed, no name will b	agent) and the name tomevs or agents. If	es of up	to	Babayi	
. ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or I	vpe)				
PLEASE NOTE: Unle recordation as set forth	ess an assignee is ident in 37 CFR 3.11. Comp	fied below, no assignee eletion of this form is NO	data will appear on the T a substitute for filing a	natent. If an assion	ee is id	entified below, the d	ocument has been filed for ਉਸ਼੍ਰੀ82 ਟੈਟਰੈਂਟੈ61 ਪ੍ਰਿੰਟਿਟੈਂਟੈਂ	51
(A) NAME OF ASSIC	INEE		(B) RESIDENCE: (CIT	Y and STATE OR (COUNT	RY)		
COMLET T	ECHNOLOGIES,	LLC.	Huntsv:	ille, ALABĄ́	MA-C3	5802 353.6	A DA	
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual KXC	orporatio	on or other private gro	oup entity Government	
a. The following fee(s) a	re submitted:	41	o. Payment of Fee(s): (Pl	ease first reapply a	ny previ	ously paid issue fee	shown above)	
Issue Fee			A check is enclosed	•			•	
	o small entity discount p	ermitted)	Payment by credit c	ard. Form PTO-2038	is attac	hed.		
Advance Order - #	of Copies		The Director is here overpayment, to De	by authorized to char posit Account Number	ge the n	equired fee(s), any de	ficiency, or credit any nextra copy of this form).	
. Change in Entity Stat	us (from status indicated	l above)				72111 (enerose a	a exactopy of ans formy.	
a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.	Db. Applicant is no lo	nger claiming SMA	LL ENT	LTY status. See 37 CI	FR 1.27(g)(2).	
NOTE: The Issue Fee and nterest as shown by the re	Publication Fee of requestors of the Upited Sta	ired) will not be accepte es Patent and Trademark	d from anyone other than Office.	the applicant; a regi	stered	torney or agent; or th	e assignee or other party in	
Authorized Signature	Diff			Date	7:1	1/6	18/07	
Typed or printed name	Robert Baba	yi		Registration	() 1	3,44	· / - ·	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known										
FEE TRANSMITTAL	Application Number 09/779,456 Conf.#6701										
_	Filing Date	February 9, 2001									
For FY 2006	First Named Inventor	Richard L. Franklin									
	Examiner Name Liangche WANG										
X Applicant claims small entity status. See 37 CFR 1.27	Art Unit										
TOTAL AMOUNT OF PAYMENT (\$) 1,000.00	Attomey Docket No.	81183-241771									
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
		NATION FEES									
Small Entity Application Type Fee (\$) Fee (\$	Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)								
Utility 300 150 500	250 200	100									
Design 200 100 100	50 130	65									
Plant 200 100 300	150 160	80									
Reissue 300 150 500	250 600	300									
Provisional 200 100 0	0 0	0									
2. EXCESS CLAIM FEES			Small Entity								
Fee Description			Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues)			50 25								
Each independent claim over 3 (including Reissues)			200 100								
Multiple dependent claims			360 180								
Total Claims	Paid (\$) <u>N</u>	<u>fultiple Depende</u>	nt Claims								
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HP = highest numer of independent claims paid for, if greater than 3.											
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